DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: EASTCASTLE PLACE (0009912)

Address: 2449 N DOWNER AVE, MILWAUKEE, WI 53211

License Status: REGULAR

Licensed/Certified/Registered 03/01/2004

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0093101 End Date: 06/28/2004 Type: ABBREVIATED Purpose: OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0090927 End Date: 08/18/2003 Type: OTHER Purpose: OTHER

Results: SECOND PROBATIONARY LICENSE ISSUED